PATENT APPLICATION FEE DETERMINATION RECORD

Effective October 1, 2003

Application or Docket Number

09-955810

	CLAIMS AS FILED - PART I (Column 1) (Column 2)							SMALL ENTITY TYPE			OTHER THAN SMALL ENTITY	
	TOTAL CLAIMS							RATE	FEE	7	RATE	FEE
	FOR			NUMBER FILED I		 IBER EXTRA		BÀSIC FEI	385.00	OR	BASIC FEE	
	TOTAL CHARGEABLE CLAIMS			minus 20= '				XS 9=		OR	XS18=-	
11	INDEPENDENT CLAIMS			minus 3 =				X43=		OR	X86=	
	IULTIPLE DEPI	PRESENT	RESENT :				+145=		OR	+290=		
	If the difference	ce in column 1 i	s less than :	less than zero, enter "0" in				TOTAL		OR	TOTAL	
	4/30/04	CLAIMS AS (Column 1)	AMENDE	ENDED - PART II (Column 2) (Column 3)				SMALL	ENTITY	OR	OTHER SMALL I	-
AMENDMENT &		CLAIMS REMAINING AFTER AMENDMENT		PREVIO	BER USLY	PRESEUT EXTRA		RATE	ADDI TIONAL FEE		RATE · ·	ADDI TIONA FEE
	Total	13	Minus	1.23	2_	=	_	XS 9=		OR	X\$18=	
AM	Independent	ENTATION OF M	Minus	PENDENT	5_ CLAIM			X43		OR	X86=	
<u></u>	1,		LITTLE DEFENDENT GEAM			١.	1 + 15 .			1,000.	:	
			•			•	A.	TOTAL DOIT FEE		OR ,	TOTAL ADDIT: FEE	
r	<u> </u>	(Column 1)		(Colum		(Column 3)				1 r		
AMENDMENT 9		REMAINING AFTER AMENDMENT		NUMB PREVIOU PAID F	ER USL:	PRESENT EXTRA		RATE	ADDI TIONAL FEE		RATE	ADDI- TIONA! FEE
	Total	•	Minus	**				X\$.8±		OF	X\$18=	
	Independent	1.	Minus	***	· ·			X43=		OR	X86=	
	FIRST PRESE	NTATION OF MI	ULTIPLE DEI	TIPLE DEPENDENT CLAIM			· -	45			+290=	
٠.					. •	••	· L	+145= TOTAL		OR OR .	TOTAL	 .
		(Column 1)		(Columi	n 2)	(Column 3)	AL	DOT FEEL		•	ADDIT FEEL	
AMENDMENT @		CLAIMS REMAINING AFTER AMENDMENT		HIGHE: NUMBE PREVIOU PAID FO	ST ER ISLY	PRESENT EXTRA		RATE	AUUI- FEE		RATE	ADDI- TIONA ¹ FEE
N D	Total	*	Minus	t s	•	=		X\$ 9=		OR	X\$18=	
AME.	Independent	*	Minus	***		=	1	X43=		r	X86≈	
1	FIRST PRESE	NTATION OF MU	ILTIPLE DEF	ENDENT C	CLÁIM		-			OR		
• If	If the entry in column 1 is less than the entry in column 2, write "0" in column 3.							145=		OR	+290=	
⊶	**If the entry in column 1 is less than the entry in column 2, write 0 in column 3. **If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20." ***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3." ***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."											
		nder Previously Pai her Previously Paid					found	in the appro	priate box	in colu	mn 1.	